



Nebraska Corporation Income Tax Return

for the taxable year January 1, 2002 through
December 31, 2002 or other taxable year

FORM 1120N

2002

beginning

, 2002 and ending

PLEASE DO NOT WRITE IN THIS SPACE

Please Type or Print

Name

Street or Other Mailing Address

City or Town

State

Zip Code

☐ Check here if this is a change of name or address.

☐ Check here if you need to receive a printed booklet from the Nebraska Department of Revenue next year.

All Applicable Lines and Questions Must be Completed for the Return to be Processed

Check box if: ☐ Initial Nebraska Return ☐ Cooperative Organization
☐ Final Nebraska Return ☐ Exempt Organization

Principal Business Activity in Nebraska

Date Business Began in Nebraska

Nebraska Identification Number

24 —

Federal Identification Number

Business Classification Code (New Codes — See Instr.)

Corporation Filing Status (Answer questions A through D, as applicable.)

A. Is this a corporation that owns at least 50% of another corporation; or is it owned at least 50% by another corporation?

(1) ☐ YES

(2) ☐ NO

If Yes, attach Federal Form 851 or a schedule of affiliated corporations and federal ID's and answer questions B, C, and D.

B. Is one single Nebraska return being filed for the entire group?

(1) ☐ YES

(2) ☐ NO

C. Are you filing as a unitary group in any other state?

(1) ☐ YES

(2) ☐ NO

D. Check the method used to determine Nebraska income (check only one):

(1) ☐ Combined report of a controlled group of corporations

(2) ☐ Separate report by a member of a controlled group of corporations

(3) ☐ Alternate method (attach Department of Revenue approval)

All corporations required to file must complete this page. Schedules A, I, II, III, and IV must be completed if appropriate.

Complete Schedule A, line 2, to report any bonus depreciation add-back.

1	Federal gross sales or receipts from attached Federal Form 1120 or 1120A (see instructions)	1		
2	Federal taxable income (see instructions)	2		
3	Federal net operating loss deduction	3		
4	Federal capital loss carryover	4		
5	Other adjustments (enter line 8 from attached Nebr. Schedule A — see instr.)	5		
6	Total adjustments (add lines 3 and 4, plus or minus line 5)	6		
7	Adjusted federal taxable income (line 2 plus or minus line 6)	7		
8	Nebraska taxable income before Nebraska carryovers (see instructions)	8		
9	Nebraska capital loss carryover (see instructions)	9		
10	Line 8 minus line 9	10		
11	Nebraska net operating loss carryover (see instructions)	11		
12	Net Nebraska taxable income (line 10 minus line 11)	12		
13	Nebraska tax (from tax rate schedule in instructions)	13		
14	Credit for in lieu of intangible tax paid (see instructions — attach schedule)	14		
15	CDAA credit (see page 3 instructions — attach forms)	15		
16	Form 3800N credit (attach Form 3800N)	16		
17 THIS LINE INTENTIONALLY LEFT BLANK	17		
18	Total nonrefundable credits (total of lines 14, 15, and 16)	18		
19	Subtract line 18 from line 13 (if line 18 is more than line 13, enter zero [0])	19		
20	Form 4136N credit (attach Form 4136N)	20		
21	Tax deposited with Form 7004N	21		
22	2002 estimated tax payments (minus any Form 4466N adjustment)	22		
23	Beginning Farmer credit (attach certificate)	23		
24	Total payments (total of lines 20, 21, 22, and 23)	24		
25	TAX DUE (line 19 minus line 24)	25		
26	OVERPAYMENT (line 24 minus line 19)	26		
27	Amount on line 26 you want CREDITED to 2003 estimated tax	27		
28	Amount to be REFUNDED (line 26 minus line 27). If \$75,000 or greater, see instructions	28		

Under penalties of perjury, I declare that as taxpayer or preparer I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct and complete.

sign
here

Signature of Officer

Date

Signature of Preparer Other than Taxpayer

Date

Title

Daytime Phone Number

Address

Daytime Phone Number

A TRUE COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST BE ATTACHED TO THIS RETURN.

Mail this return and payment to: NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818

